

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>012766</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/20/2012</b>	
NAME OF PROVIDER OR SUPPLIER  <b>AVALON SPRINGS HEALTH CAMPUS</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 SILHAVY ROAD VALPARAISO, IN 46383</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for an Initial Certification and State Licensure Survey.</p> <p>Survey dates: April 19 &amp; 20, 2012</p> <p>Facility number: 012766 Provider number: 012766 AIM number: N/A</p> <p>Survey team; Janet Adams, RN, TC Lara Richards, RN April 19, 2012 Kathleen Vargas, RN April 19, 2012</p> <p>Census bed type: SNF: 2 SNF/NF: 0 Residential: 1 Total: 3</p> <p>Census payor type: Other: 3 Total: 3</p> <p>Sample: 2 Residential sample: 1</p> <p>Avalon Springs Health Campus was found to be in compliance with 42 CFR Part 483 Subpart B in regard to the Initial Certification Survey. This state residential finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review 4/24/12 by Suzanne Williams, RN</p>			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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